

**TRUCKED INDUSTRIAL WASTE HAULER PERMIT APPLICATION**

Return to: City of San Diego - Industrial Waste Program  
9192 Topaz Way - San Diego, Ca 92123  
Ph: 858-654-4100 FAX: 858-654-4110

**1) Business Name of Applicant:****Phone:****Fax:****2) Contact Person:****Title:****3) Facility Address:****4) Mailing Address:**

**5) List the trucks/trailers that will be used to haul permitted wastewater. For tractor/trailers, provide information for the trailer only. Trucks not listed will not be allowed to discharge wastes.**

**Truck/Trailer  
Make/Model**

**Model/  
Year**

**Capacity (gallons)**

**License Number**

**Permittee's Certification:** I hereby certify that the information found in this application is familiar to me, and is complete and accurate to the best of my knowledge. I agree to provide a clean truck such that the wastes covered under one permit are not mixed with any other permitted or unpermitted wastes. I have received and read both the Trucked Waste Requirements & Procedures and the Department of Health Services' Hazardous Waste Requirements bulletin, and I agree to comply with the policies and requirements set forth therein.

**6) Print Name:****Title:****7) Signature:****Date:****TO BE COMPLETED BY THE CITY**

TWRP

AR#

Effective

RCRA

Approved By

Expires

**Permit Number** 25-